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ABSTRACT

This practicum determined that students with language learning disabilities were not experiencing success in the regular classroom, and skills acquired in a pull-out program were not generalizing to the regular classroom. The practicum piloted a first-grade inclusion program which called for the resource room teacher and speech language pathologist to co-teach with the classroom teacher for 8 hours weekly. The three educators cooperatively modified curriculum for all language levels and co-taught lessons for the whole class along with daily small group cooperative learning lessons with teachers as facilitators. Data indicated that the number of referrals for speech and language services dropped somewhat, and staff felt that students had done better in the regular classroom than they would have in a pull-out program. Achievement increased along with social and pragmatic skills though not all students met the practicum objectives. Because learning experiences were connected, there was no problem with skills taught in the resource room generalizing to the classroom. The study concludes that implementation of such a co-teaching arrangement requires staff who are compatible, initial training, ample planning time, and a low teacher/student ratio. Copies of questionnaires used to assess staff attitudes toward the program are provided in appendixes. (Contains 19 references.) (JDD)

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A First-Grade Inclusion Model That Trains Classroom Teachers To Modify And Develop Curriculum For Language-Learning Disabled Students

by

Patricia A. Reblin

Cluster 53

A Practicum I Report Presented to the Ed.D. Program in Child and Youth Studies in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

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Approved:

6-6-94
Date of Final Approval of Report

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The writer wishes to extend her appreciation to all of the students, administrators, teachers and aides who participated in the inclusion program. She also extends thanks to her family and friends for their support and encouragement throughout the past year.

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ABSTRACT

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This practicum was designed to pilot a first-grade inclusion program for language-Learning-disabled students at two schools. The resource-room teacher and speech-language pathologist co-taught with the classroom teacher for 8 hours weekly. The goal was to provide language-learning disabled students with a successful learning environment where appropriate strategies, modifications, and interventions were used.

The writer found that academically, language-learning disabled students were not always successful in the regular-education classroom. To solve this problem, the participants visited successful inclusion programs, attended workshops, reviewed literature, studied curriculum, and gained parental support before they implemented their inclusion program.

Analysis of the data suggested that with an inclusion program achievement increased along with social and pragmatic skills. By modifying curriculum and using small-group exercises, all students received the individual help they needed. Because learning experiences were connected, there was no problem with skills taught in the resource room generalizing to the classroom. After implementation, teachers cautioned that the staff must be compatible, have initial training, ample planning time, and a low teacher/student ratio. If these prerequisites were not met, or disabilities were severe, they felt that other programming options may be more facilitative.

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CHAPTER I

INTRODUCTION

Description of Community

The writer's community was a small city of 18,000 residents about 20 minutes north of a large metropolitan center. Information presented to the communities' "Tax Override Committee" suggested that this community had changed from a primarily white upper-middle-class community with good financial resources to a somewhat more racially and ethnically diverse middle-class community with budget problems. A budget surplus in 1982 had been replaced by a 7 million dollar budget deficit in 1992.

It was postulated that the building boom of the 1980's changed the demographics of the town by giving less affluent families an opportunity to move in town with rent subsidies. These families moved into existing two-family homes as well as under occupied condominium developments. As poorer families with rent subsidies moved in, former middle-class renters bought lower-priced starter homes.

Families remaining in town had grown older and had fewer children in the public schools. Another factor impacting on population shifts was that new housing developments for the elderly had increased the number of older residents in town significantly.

This demographic shift and the recession had changed this community from an upper-middle-class community with good financial resources and support for public education to a more diverse middle-class community with fewer high-income families and a growing number of disadvantaged children. The percentage of families with children in the public schools had changed from 28% in 1982 to 18% in 1992.

When one looked at the city from a political perspective, it became evident that the board of aldermen and school committee reflected the attitude of the majority who were having financial problems and were advocating for level-funded budgets in all departments.

Writer's Work Setting and Role

The writer's work setting was within this city's public school system which has a high school, middle

school and seven elementary schools. In 1989, due to decreased enrollment, two elementary schools were closed and grade six students were sent to what was formerly the junior high school to start a new middle school.

A superficial look at the internal organization revealed a school system that was doing with less. Over the past 5 years, the teaching staff, with an average age of 48, had declined by about 15%, class size had increased, and many programs had been reduced or eliminated.

Special-education staff were well trained with 95% holding advanced degrees as compared to 60% of the regular-education staff. Although both regular-education and special-education teachers got along well together and respected each other professionally, prevailing time constraints caused in part by the budget crisis had made it difficult for the special-education staff to share ideas and work cooperatively with regular-education staff to develop new service-delivery models.

The writer was a speech-language pathologist who held a Master of Science degree and a Certificate of Clinical Competency from the American Speech and Language Association. She had been employed by this school system

for 14 years and was chairperson for the speech and language department from 1987-1994. Besides being the coordinator who oversaw her department, the writer provided direct services to three schools. At these schools she performed diagnostic testing, chaired team meetings, provided direct therapy, kept records, and developed staff-training programs.

In her position as chairperson for the speech and language department and coordinator for ancillary services, this therapist was in a good position to analyze special-education programming and be part of a team effort to develop new programming that would better serve the school system and community at large.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

Due to less individual attention by busy classroom teachers and the fallout from a changing society, over the past 8 years the number of testing referrals (766) for pull-out services had increased by 63%, the cost of special-education services had increased by 40%, and the special-education staff had been reduced by 15%.

Teachers interviewed by this writer spoke of an increase in the number of children in their classes with poor overall language skills. They felt that these poor language skills put children at a disadvantage for handling the level of language abstraction and sophistication in today's school curriculum. These teachers were alarmed by the increase in middle-class children with poor language development as well as the rising number of disadvantaged children with delayed

language skills who had entered their classes over the past 5 years.

Teachers attributed this language deficiency to the increase in social problems along with lack of quality language stimulation at home. They felt that this new generation of children was coming to school with poor vocabularies, an inability to sustain attention to oral and written language, and an inability to express themselves appropriately. Norris (1989) noted that children with language impairments do not adequately understand the teacher's language in class and have difficulty with the language in their textbooks.

The service-delivery model used by speech-language pathologists and resource-room teachers to help regular-education teachers had become less effective. Teachers interviewed stated that the level of abstraction and sophistication in the school curriculum was too difficult for many children of low-average to average intelligence. Many children needed extra time and individual help in order to succeed with their class assignments, even when they received pull-out therapy. Norris (1989) felt that goals and objectives worked on outside the class may or may not coincide with

difficulties that the child is having in the classroom and questioned the effectiveness of the model.

Speech pathologists and resource room teachers interviewed were frustrated because with larger caseloads, they were forced to see children in larger more heterogeneous groups allowing for less individual attention. Several specialists said that they were doing the best that they could under the circumstances but were not sure that their pull-out programs were valuable enough to justify the missed classroom instruction.

Briefly, the problem was that language-learning disabled students were not successful in the regular classroom, and the pull-out service-delivery model traditionally used by speech-language pathologists and resource-room teachers to help language-learning-disabled students had not helped students to generalize skills in the regular classroom environment.

Problem Documentation

Evidence supporting the existence of the problem came from screening-team records, speech-language department

records, and interviews with special-education and regular-education staff.

Screening-team records from seven elementary schools from 1984-1992 showed a steady rise in test referrals from 139 to 220. This was a change from about 14 monthly to 22 monthly over an 8-year time period. From the total number of students who received formal evaluations, about half received scores on standardized tests that made them eligible for remedial services under state and federal guidelines.

The caseloads of speech-language pathologists had averaged 55 students in 1984 and 68 in 1992. The increase in caseloads was due in part to a decrease in staff hours. The real need for additional help for students with language disabilities by both the speech-language pathologists and the resource-room teachers was considerably higher than reflected in the statistics. In order to distribute services fairly, they recommended special services for only the students with the most severe needs and dismissed them from direct service as soon as they demonstrated moderate improvement in related curriculum areas. Under this arrangement, however,

students had to "fail" before they qualified for help under a traditional service-delivery model.

Interviews with 10 special-education staff members and five regular-education staff members revealed unanimous frustration that the regular-education curriculum without modifications was too difficult for students with language-learning disabilities. There was a consensus among those interviewed that the school curriculum had been greatly enhanced with difficult reading comprehension checks which called for more inferential reasoning as early as the first grade.

When asked what specific environmental factors contributed to the difficulty that students were having with the curriculum, the following statements were given: Teachers said that a growing number of students came from bilingual homes and homes with poor English-language models. Those students whose language models used simplified grammar understandably had difficulty with language comprehension and vocabulary in their text-books.

Teachers felt that although many children had adequate conversational skills and could answer literal questions, they had great difficulty dealing with the level of complexity and abstraction in today's curriculum. In

their elementary school curriculum, students were called upon to read, infer meaning, and express themselves both orally and on paper in a sequential manner. They were required to do this regarding situations that needed to be extrapolated from memory without the visual and verbal cues available during conversational speech.

Up until a decade ago, this writer noted from her experience that most of the oral and written assignments expected from students required mainly concrete reasoning skills. The present push to create a generation of thinkers and problem solvers has been a great advancement in education for many students. However, the increased need for higher-order inferential reasoning skills has made school a "nightmare" for students who were not "getting it" and had neither the maturity nor the strategies for dealing with abstraction.

Causative Analysis

Briefly, there were several causes of the problem to be analyzed in this section. A major cause for more children being referred for special-education evaluations for language problems was the fact that classroom

curriculum was designed for language-proficient students of "average to above average intelligence." As stated earlier, many students do not have the vocabulary, grammatical understanding, inferential reasoning, or expressive language skills to keep pace with the curriculum.

Parents have busy work schedules, come home tired, and have less time to work with their children at home. Other parents have neither the skills nor the desire to work with their children at home. Wadle (1991) noted that classroom teachers and parents have many goals to focus on and do not understand the effects language difficulties have on school performance and social behavior. Also, although homework is supposed to be practice of skills learned at school, children whose parents are "unavailable" for help fall even further behind normally achieving classmates.

Teachers had not received college training that prepared them to work with students with language-learning disabilities. When interviewed, the majority of teachers had some understanding of the broad concepts of language development but felt that they lacked the expertise to adapt the curriculum for children with language-learning

disabilities. Trained in whole-group teaching methods, teachers do not have the training necessary to analyze and break down assignments for students functioning below the class "norm" (Wadle, 1991). Those teachers who had taken language development and other special education courses earlier on, because they had used only the "whole group" teaching method for years, had never developed alternative teaching techniques.

Traditional pull-out programs do not give teachers the opportunity to watch speech-language pathologists and resource-room teachers working with language-learning disabled students (Wilcox, 1992). Special-education teachers test students, find the areas of weakness and work to develop improved skills using their own materials in a setting outside the classroom. With their full schedules, they have not had the time to conference with classroom teachers regarding strategies for breaking down the quantity and complexity of classroom assignments.

Speech-language pathologists traveling among several schools have not had adequate time to consult with teachers before testing referrals were initiated. There was not enough time available for speech-language pathologists to look at samples of a student's written

work, sit in during reading group, or observe class participation. Without time to do this, children were referred for evaluations before simple language-learning strategies were tried in the classroom. Olswang and Bain (1991) noted that before calling learning difficulties a language problem, one needs to determine if the child demonstrates equivalent skills in all aspects of his/her development.

Relationship of the Problem to the Literature

Other professionals have noted the following problems inherent in a traditional classroom model with pull-out services for children with language-learning disabilities:

Children with language impairments do not adequately understand the teacher's language in class and have difficulty with the language in their textbooks. These children also have difficulty interpreting and expressing ideas at the level of language proficiency required for school success (Norris, 1989).

Many language-disabled children survive in class early on, but as the language gets more complex they need teaching that is responsive to their learning style.

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Because classroom teachers are trained to keep the entire group moving and judged by their effectiveness in group management, they have neither the time nor training to determine the specific causes of individual language-based learning problems (Wadle, 1991). Unless lessons are broken down for these children, they are unable to understand a lot of the language used in the classroom.

Wadle (1991) also noted that because classroom teachers and parents have many goals to focus on such as reading, math, spelling, and behavior they do not focus on the effects that language difficulties have on school performance and social behavior.

Roller, Rodriquez, Warner, and Lindahl (1992) found that the problem with mainstreaming children with severe speech and language disorders into the regular education classroom for nonacademic subjects to enhance social and language skills was that they were simply looked upon as "visitors" and did not form friendships.

Upon searching the literature further for reasons why the mainstreaming model worked so poorly, Rice, Sell, and Hadley (1991) related that in their study of social language interaction, "normal" language peers initiated interaction with each other and had a higher percentage of

longer responses. Normal peers were the preferred addressees while impaired children were more likely to initiate with adults than the "normal" children. Hadley and Rice (1991) also noted that speech/language impaired preschoolers in an integrated classroom were ignored by their peers and responded less often when a peer initiated to them. Considering that boys interact at a higher rate than girls (Gurainick & Weinhouse, 1984), girls may be at an even greater disadvantage.

A study by Connell (1987) helps one understand why language-impaired children often do not do well in traditional programs. Connell discovered that language-impaired students and normally achieving students learned differently. The language-impaired students learned more from imitation while the normally achieving children learned more from modeling techniques. When teachers do not understand how to teach language-impaired children, the children are unable to achieve their academic potential in a traditional classroom setting.

The literature search revealed the following situations that may cause less than optimal learning in the classroom:

In order to help children with language-based learning problems, classroom teachers have traditionally referred these children to be evaluated and serviced by the resource-room teacher and speech-language pathologist using a pull-out therapy model. Norris (1989) noted, however, that when language-impaired children are serviced using a pull-out program and have to leave the classroom they are isolated from classroom activities and curriculum available to other children. She also questioned generalization of learning in isolation back to the classroom curriculum.

Wilcox (1991) compared the effectiveness of classroom versus individual intervention in promoting lexical acquisition for young preschool children in early intervention programs. The results of the study showed that children in the classroom intervention condition demonstrated greater generalization of target words than the children treated individually outside of the classroom. Wilcox also noted that when children received speech-language therapy outside of the classroom it created a problem because personnel who worked with the children did not have an opportunity to learn and use modeling techniques in the classroom.

When reviewing the literature to determine the effectiveness of different service-delivery models, one thing noted was that implementing new service-delivery models was not easy. According to Ferguson (1991), some researchers have found that with new service-delivery models, it took 3-5 years for any meaningful change to occur.

Areas covered in the literature search regarding service delivery models were from the perspective of regular education teachers, resource room teachers, administrators, and speech-language pathologists.

The problem was that language-learning-disabled students were not successful in the regular classroom, and the pull-out service-delivery model traditionally used by speech-language pathologists and resource-room teachers to help language-learning-disabled students had not helped students to generalize skills in the regular classroom environment.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The problem addressed by this practicum was that language-learning-disabled children were not experiencing success in the regular classroom. The general goal that was projected for this classroom inclusion program was that the needs of language-learning disabled students would be met in a learning environment where appropriate strategies, modifications, and interventions were provided.

Expected Outcomes

The following outcomes of a successful program were projected for this practicum:

1. The average number of referrals for testing would decrease from 21 per month to 19 per month system wide as

determined by screening team records.

2. An interview with participating staff members would provide feedback that reflected an overall positive attitude about meeting the needs of the language-learning-disabled students.
3. In classes where speech-language pathologists provide services in the classroom, there would be no more than one new referral to the screening team for testing as determined by screening team records.
4. Demonstration of at least two appropriate teaching strategies by participating teachers would be observed and recorded by the writer.
5. 95% of the language-learning-disabled children in the program would receive grades of fair/satisfactory or better without being removed from the class for special-education services.
6. 90% of the language-learning-disabled children would accomplish all of the criterion-referenced goals and objectives on their educational plans without being removed from the class.

Measurement of Outcomes

Parents and school personnel under Chapter 766 have the opportunity to fill out a referral form for any child whom he or she feels may be in need of testing for remedial services. A screening team which included the principal, teacher, and special service providers met monthly at each school to initiate the evaluation process when the evidence was sufficient to warrant it. The screening team report prepared by the chairperson included the number of new referrals by school and grade. This report served as the measurement tool for the first expected outcome.

At the end of each month, the writer examined this report to determine the number of children in the two first-grade inclusion classrooms who had been referred for testing. The end result of a successful program would be no more than one referral in each of the participating classes. This reduction in referrals for children in the inclusion program would bring down the average number of monthly referrals system wide from 21 to 19.

The second measurement tool used was a 30-minute group interview/discussion with the four regular-education

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inclusion staff and the four special-education inclusion staff (two teachers, two aides, two resource-room teachers, and two speech pathologists) once the implementation period was completed. The seven questions that were discussed during this interview are listed in Appendix B. The end result of a successful program would be that participating staff members would provide feedback that reflected an overall positive attitude about meeting the needs of the language-learning-disabled student in the classroom.

The third measurement tool used was the standard report card issued quarterly to students. First-grade children were graded excellent, good, fair/satisfactory, improvement needed, or needs time for further development for oral reading, reading comprehension, language, spelling, and mathematics. Examining report-card grades for the entire class was important because it allowed the progress of children on educational plans to be compared with the the progress of children with no identified special needs. The end result of a successful program would be that 95% of the language-learning-disabled children in the program would receive grades of

fair/satisfactory or better without being removed from the class for special-education services.

The fourth measurement tool used was the individualized educational plan which was a signed contract between the parents and school system to accomplish specific remedial goals and objectives. The number of goals and objectives varied depending upon the areas of need that were determined by formal and informal test results. At the end of the implementation period, each child was assessed privately by the resource-room teacher and speech-language pathologist on tasks identified in the plan to determine the mastery level for each goal and objective. The results were recorded comparing the level of mastery given on the educational plan with the actual level of mastery determined from the post test. This was the most important outcome because, unless teachers were able to accomplish the goals and objectives on the educational plan in the classroom environment, one could not justify an inclusion model over a pull-out model for language-learning disabled students. The end result of a successful program would be that 90% of the language-learning-disabled children would accomplish all of criterion-referenced goals and

objectives on their educational plans without being removed from the class for special-education services.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

Children with language-learning disabilities were aware of their problems with the curriculum and often felt frustrated and alone. When removed from the class by a "special teacher" they often felt singled out or embarrassed. Teachers who did not have the training to work with these children in a regular-education classroom also experienced frustration. The problem was that language-learning disabled students were not successful in the regular-education classroom, and the pull-out service-delivery model traditionally used by speech-language pathologists and resource-room teachers to help language learning disabled students has not helped students to generalize skills in the regular classroom environment.

Moore-Brown (1991), a special-education coordinator, advocates for a collaborative-teaching model to solve the

above-mentioned problem. Her model featured speech-language pathologists working in the classroom because it helps alleviate many problems that teachers face working with language-disabled children in the classroom.

The key to success in her district, according to Moore-Brown (1991), was people who took responsibility for the new program and made it work. She felt that the total ownership of the program dictated its success. This ownership started at the top with the program's designer going through channels and getting administrative support through an enlightened presentation, site visits, and workshops. Archilles, Yates, and McCormack (1991) also shared the perspective that the most important aspect of implementing a collaborative-teaching approach was getting administrative support at the beginning. Once agreement was reached, they suggest staff training followed by implementation strategies as the next step.

Moore-Brown (1991) suggested starting the program with a teacher who is a friend. This needs to be a person who is willing to learn, grow, and profit from mistakes with you. She suggested using core curriculum materials and themes for all in-class remediation. After monitoring

language-disabled students in class for ability to follow the language level of the classroom and analyzing difficulties with the curriculum, she also suggested working with the teacher to modify curriculum, language assignments, and tests.

When a friend was not an option, because of the difficulty implementing a new teaching model, Ferguson (1992) advocated starting small by offering to do a writers' workshop and gradually expanding the approach to meet students' language needs in other areas of the core curriculum. Conner and Welsh (1993) also believed in starting small with one teacher but emphasized that grouping similar students in one class maximizes the benefits.

The model illustrated by Moore-Brown (1991) which stressed ownership, admininstrative support, starting with a teacher friend, and using a curriculum-based remediation approach also advocated for individual flexibility to use strategies that would work well in one's unique work setting. The suggestion by Conner and Welsh (1993) which advised grouping similar students in one class added a cost-effective perspective that would appeal to administrators while being good for the program.

Norris (1989) also recommended a collaborative teaching model and related the success she experienced co-teaching with the regular-education teacher during small-group reading time. She stressed the advantages of using the child's reading book as part of a holistic remediation method where, through group discussion of the text, children go from literal interpretation to a level which integrates facts and ideas into higher-order conceptualization.

When designing an integration programming for first-grade children, the writer or resource-room teacher could follow the approach of Norris (1989) by listening to individual children read, looking for drops in volume, hesitation, and poor intonation to indicate confusion. Remediation could then consist of small group dialogue that provided clarification of vocabulary, word relationships, syntactic complexity, morphology, and the extension of ideas as suggested by Norris.

Ferguson (1992) recommended using a regular education "whole language" approach in the classroom where listening, speaking, reading, and writing activities follow a holistic-thematic approach. Using this

philosophy, children are taught through real and meaningful content material.

Ferguson (1992) designed an inclusion model where children with language-learning disabilities were grouped in classrooms where the speech-language pathologist and resource-room teacher taught in collaboration with the classroom teacher for about 45 minutes daily. These children were not removed from the class for the majority of their special services.

Following a "whole language" approach the speech pathologist familiarized herself with classroom curriculum including social studies and science. Next she learned to incorporate speech and language goals into content areas. According to Ferguson (1992), goals and objectives were written by the team to meet student needs in the classroom in which they were taught and monitored in content lessons. To do this they identified the skills that would be targeted for each student to maintain focus and pace for teaching throughout the school year.

In tune with the "whole language" philosophy, the speech pathologist used children's literature, science and social studies content material in a writing process approach to teaching oral and written language skills.

They used literature to introduce content material as well as expansion of themes along with the use of related hands-on materials. Children's literature was also used in poetry writing, short stories, and reports. The goals and objectives written on individual educational plans were introduced into these focused whole-class lessons followed by small group practice exercises targeted for these students.

Wadle (1991) was another speech-language pathologist who had implemented a classroom therapy model similar to the one used by Ferguson (1992) with equal success. She believed strongly that the whole language movement presently underway in regular education could be enhanced by speech-language clinicians as they see the overlap of listening, speaking, reading, and writing across all content areas. She urged speech-language pathologists to abandon the former medical model and adopt a "whole language" inclusion model.

The strategies outlined by Ferguson (1992) were in line with the learning philosophy of the writer. The idea of grouping children with language-learning disabilities in one class would work well for the writer. Also, using the classroom curriculum to write goals and objectives

based on each child's language needs using a "whole language" approach to learning and remediation was a most appropriate strategy. These general strategies were appropriate for the writer to adapt when planning her first-grade inclusion program.

Roller et al. (1992) established a full inclusion program for children with moderately severe language learning disabilities. These children were formerly taught in a self-contained class and mainstreamed for only a small portion of each day. These children were looked upon as visitors in the regular education classroom and never formed friendships with the other children. With full inclusion their academic achievement increased dramatically along with social and pragmatic language skills. They still had reading and writing skills that were much lower than their typical peers, but with a reading and writing curriculum that was adapted to meet their needs and peer pressure as a motivator, better than expected gains were made.

Full integration of children with speech problems using a collaborative-teaching model according to Roller et al. (1992) created a language-rich environment where all children belong and could be taught according to their

special needs. They also felt that the regular-education classroom gave these students an opportunity to practice communication skills in the environment where they spent the majority of their day.

One of the reasons why this program worked so well was due to the favorable staffing ratio where a teacher and speech-language pathologist were in the class full time. Additional support services were also provided for students, however, outside of the classroom.

Although the writer was not planning to work with students with severe language disabilities, the results of this program support the likelihood that the writer's plans for an inclusion plan for children with less severe language needs would succeed.

Whether one chose to follow a standard curriculum or a whole-language approach, speech-language goals must be written for language-disabled students. Russell and Kaderavek (1993) felt that the best approach was when the classroom teacher planned activities to meet curriculum goals while the speech-language pathologist incorporated the curriculum to establish communication goals for the language-disabled students. Magnotta (1991) used a similar approach where she coordinated her speech and

language goals with curriculum goals. Once her students demonstrated increased ability to manipulate the semantic and syntactic components of academic subject matter, she noted good gains in classroom performance.

This writer found merit to both approaches and felt that in her program a combination of the two above-mentioned approaches could be used when writing in-class speech and language goals.

Additional evidence which documented that an inclusion program works came from a study of preschoolers conducted by Wilcox (1991). In this study, preschoolers with language delays who received therapy in the classroom demonstrated increased generalization to the home. It was postulated that the classroom therapy by speech-language pathologists increased the opportunity for other personnel who worked with the children to learn and use modeling techniques, thus getting more language stimulation.

Another study that demonstrated the benefits that children with language disabilities derive when classroom teachers receive language training by speech-language pathologists was conducted by Mudd and Wolery (1987). In this study, teachers were trained to transmit information or practical skills to children during unstructured

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situations. At the end of the study the children made good language gains, and once taught, observation showed that teachers incorporated these techniques into their daily teaching routine with all children.

An inclusion model as mentioned above gave all personnel who worked with children in the classroom an opportunity to learn new techniques for facilitating language development. Whether these skills were taught directly or learned from observation, the outcome was better-trained personnel and increased generalization of language skills by the students.

An analysis of the solutions taken from the literature to help regular-education teachers gain the skills and knowledge they need to work effectively with language-disabled children in the regular-education classroom suggested implementation of an inclusion program. In an inclusion program, the speech-language pathologist and resource-room teacher taught in collaboration with the regular-education teacher breaking down curriculum and facilitating language learning for language-disabled children in the classroom. These techniques trained teachers, eliminated pull-out programs,

and benefited all children in the class reducing the number of referrals for language testing.

Description of Selected Solution

The solution selected initiated an inclusion program where children were not pulled out of class for remedial services. This was a pilot program for two first-grade classes in different schools. In this collaborative teaching model the resource-room teacher and speech-language pathologist co-taught separately with the classroom teacher during specific time slots.

The program provided ample planning time for curriculum planning and staff development for personnel involved in the program. The collaborative model was designed for students on educational plans but was beneficial to all students.

The classroom teacher, resource-room teacher, and speech-language pathologist cooperatively modified curriculum for all language levels. Lessons with modifications and enhancement were co-taught by the teacher and specialist for the whole class along with

daily small-group cooperative-learning lessons with teachers as facilitators.

This plan was well researched using techniques suggested by a thorough review of the current literature. This approach to learning personalized curriculum and teaching strategies to meet the individual needs of a wider variety of students. It also improved the teacher/student ratio by placing two professional educators in the classroom, allowing for more individual attention. After working in the classroom with a speech-language pathologist and resource-room teacher, the classroom teachers acquired new teaching techniques that worked effectively with language-disabled children in the regular-education classroom.

Report of Action Taken

The writer took a number of preliminary steps in preparation for this inclusion program. First she discussed her plans with the appropriate staff members in the two proposed schools and received their approval. While one first-grade teacher, the speech-language pathologists, and resource room-teachers were excited

about the program, the other first-grade teacher who expected a large class had some well-justified reservations unless provided with an aide. Once this teacher was provided with an aide, she was once again optimistic that everyone could still benefit from the program. The resource-room teachers, classroom teachers, and one speech-language pathologist visited two school systems that had adopted co-teaching models to gain insights and strategies that they later used in their program.

Once the plans for the inclusion program were finalized, the writer set up an informational meeting that secured the approval of both regular-education and special-education parents. Both the special-education and regular-education parents asked a lot of questions but were generally enthusiastic about the program. This was followed by individual team meetings where the new individualized educational plans for the special-education students were approved. One parent, however, wanted the program but insisted on and was provided with additional speech and language therapy for her child using a pull-out model.

Finally the teaching schedules and preparation time were established, and the classroom curriculum with books, projects, etc. was provided for the resource-room teachers and speech-language pathologists for familiarization before starting the program. Early on, the inclusion staff were informed by administration that rather than having substitutes cover the classes for planning time, they would receive grant money to do their planning after school. The staff appreciated the additional money, but because of the number of after school team meetings, parent meetings, committees, and personal obligations, it was very difficult getting staff together, and occasionally they had to use the plan by telephone model.

Although this program was planned for cognitively intact students with language-learning disabilities, when four parents enrolled their developmentally-delayed students in the program, preferring inclusion to a small class with mainstreaming, the staff was obligated by law to accept this alteration to the program.

At the beginning of the program, an overview of the co-teaching model was given to the first-grade students who were excited about learning to read. Throughout the implementation period, planning sessions were held weekly

after school and occasionally over the phone to discuss activities to support the curriculum, teaching strategies, formulating cooperative learning groups, and discussing unexpected events or concerns that were recorded in the classroom journal.

Halfway through the program during parent meetings, parents were asked for feedback on the program which turned out to be overwhelmingly positive. School administrators visited both classes on several occasions and were very pleased with the program wanting the staff to form a forum that would discuss inclusion with other administrators, teachers, and parents city-wide at a later date.

Toward the end of the implementation period, one staff member was chosen to attend a Department of Education workshop on inclusion where the focus appeared to be more on reducing special education costs than formulating a cost-effective model that would provide a superior education for students in their regular-education setting.

Second-grade teachers followed by other teachers in the two inclusion schools visited the program and discussed their views on expanding the program to other

grades. While teachers at the small elementary school loved the program, teachers at the large elementary school loved the concept but also had some concerns.

During the last two weeks of implementation, the inclusion staff filled out the progress questionnaire giving the concept a positive review, but some felt that there were a lot of variables to be considered before endorsing new inclusion programs.

At the end of the implementation period, the classroom teachers reviewed progress for report-card grades. Teachers found it difficult assigning grades on modified curriculum but after some deliberation accomplished the task. The speech-language pathologists and resource-room teachers reviewed the progress on educational plans for criterion-referenced goals and sent progress reports home.

Finally, screening-team records were reviewed by the writer to determine the number of requests for evaluations both city-wide and in the two inclusion classes. The writer was surprised to note more referrals than expected for the program, but after looking at the reasons for these referrals felt that they were justified under the

circumstances and did not reflect negatively on the inclusion program.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

The problem addressed by this practicum was that language-learning-disabled children were not successful in the regular classroom, and the skills acquired in the pull out language-learning-disabilities program were not generalizing to the regular-education classroom. The problem was documented by the elementary school screening-team reports which listed the number of testing referrals (766) for pull-out services. Over the past 8 years the method of pull-out services has become less effective as the number of testing referrals for evaluations has increased 63%, and the cost of special-education services has increased by 40%.

The solution strategy utilized by the writer was the initiation of a first-grade inclusion program at two elementary schools where children were not pulled out of

class for remedial services. This was a collaborative-teaching model where the resource-room teacher and speech-language pathologist co-taught separately with the classroom teacher during specific time slots.

Upon completion of the implementation period, the writer analyzed the data collected on the above-mentioned program. This data was compared with the criterion projected for the successful outcomes of this program.

Before implementation, the average number of referrals for testing was about 21 per month system wide as determined by the screening team records averaged over a 10 month period. After implementation, when the number of referrals to date for the school year was averaged over a 8 month period from September through April, the number of referrals had dropped to 19 monthly which had been projected as a successful outcome. See tables I and II.

Table 1

ELEMENTARY SCREENING TEAM STATISTICS

September, 1992 - June, 1993

GRADE:	School 1	School 2	School 3	School 4	School 5	School 6	School 7	TOTAL
Preschool	4	3	7	4	-	5	8	31
Kind.	6	4	6	3	5	7	6	37
1	6	-	4	2	2	13	5	32
2	2	2	4	3	-	6	7	24
3	7	2	4	3	3	5	4	28
4	3	2	3	3	4	6	5	26
5	4	-	7	-	-	10	4	25
Chapt 1			8					8
TOTAL PER SCHOOL	32	13	43	18	14	52	39	211

Monthly Average Sept. - June=21

Table 11

ELEMENTARY SCREENING TEAM STATISTICS

September, 1993 - April, 1994

	School 1	School 2	School 3	School 4	School 5	School 6	School 7	TOTAL
GRADE:								
Preschool	6	3	7	5	-	6	4	31
Kind.	7	2	8	5	-	4	3	29
1	6	2	6	4	5	2	2	27
2	1	3	4	4	1	5	2	20
3	4	1	5	2	-	2	1	15
4	1	3	2	3	1	3	2	15
5	1	-	2	-	-	3	1	7
Chapt. 1			6					6
TOTAL PER school	26	14	40	23	7	25	15	150

Monthly Average Sept. - April=19

At the end of the implementation period, the progress questionnaire (Appendix B) was used to interview participating staff members regarding their feelings as to whether or not the program had met the needs of the language learning-disabled students. The staff felt that the curriculum was adapted fairly easily and that the language-learning-disabled students had done better in the regular classroom than they would have in a pull out program. They felt that for these students, their learning experiences were more connected as they experienced fewer disruptions.

This was not the consensus, however, for the developmentally-delayed students whose parents enrolled them in this program. They had difficulty attending and focusing in the large class, the curriculum was beyond their cognitive level, they needed more time for repetition of learning tasks; and when overstimulated, they acted out behaviorally even with an experienced full-time aide.

In classes where speech-language pathologists provided services in the classroom, it was projected that no more than one new referral would be sent to the screening team. In the small first-grade class with only 15 students,

parents and staff referred 5 students for evaluations to gain more information to better modify their programs. In the large first-grade class, one evaluation was also requested on a new student to gain more information for his in-class modifications.

It was projected that in a successful program the writer would observe and record at least two appropriate teaching strategies by teachers. Both classroom teachers, speech-language pathologists, resource room teachers, and aides started using several new teaching strategies that they learned from observing each other. Fortunately for the students, these teachers who volunteered for the program were up to the minute in their fields and eager to learn from each other without feeling threatened professionally.

Regarding report card grades, it was projected that 95% of the language-learning-disabled children would receive grades of satisfactory/fair or better without being removed from the class for special-education services. In the small class, 2 of the 4 language-learning-disabled students were unable to meet this criterion as a few of their skills needed further time for development. In the large class, all 3 of the

language-learning disabled students and all 4 of the developmentally-delayed students had one or more skills that needed further time for development when graded comparatively against their peers. See tables 111 and 1V.

Table 111

Report Card Grades - School 5

Student	Oral Reading	Comprehension	Language Arts	Math
* 1	1	1	2	2
* 2	3	N	3	2
* 3	2	2	3	2
* 4	N	2	3	3
5	3	3	3	2
6	2	2	3	2
7	1	2	2	2
8	1	1	2	1
9	2	2	2	2
10	2	2	2	2
11	2	2	3	2
12	1	2	2	2
13	2	2	2	2
14	2	2	3	2
15	2	2	2	2

Key to grades
N=Needs Time for Further Development
1=Excellent
2=Good
3=Fair/Satisfactory
4=Improvement Needed

*Student on an Educational Plan

Table 1V

Report Card Grades - School 6

Student	Oral Reading	Comprehension	Language Arts	Math
* 1	1	1	N	2
* 2	N	N	N	N
* 3	N	2	N	2
* 4	2	2	2	N
* 5	N	N	N	2
* 6	N	2	N	2
* 7	N	N	N	1
8	1	1	1	1
9	1	1	2	1
10	3	1	2	2
11	1	1	1	1
12	2	1	2	1
13	1	1	1	1
14	1	1	1	1
15	1	1	1	1
16	1	1	2	1
17	2	1	2	1
18	1	1	1	2
19	1	1	1	1
20	2	1	2	2
21	1	1	1	1
22	1	1	2	1
23	1	1	2	2
24	2	2	2	2
25	1	1	1	1

Key to grades
N=Needs Time for Further Development
1=Excellent
2=Good
3=Fair/Satisfactory
4=Improvement Needed

*Student on an Educational Plan

The final projected outcome was that 90% of the language-learning-disabled children would accomplish all the the criterion-referenced goals and objectives on their educational plans without being removed from the class for special-education services. All 3 language-learning disabled students in the large class and 3 out of 4 in the small class accomplished all of their criterion-referenced goals to the degree expected for this time period. Although one language-learning-disabled student did not meet the stated criterion, the consensus was that his progress was appropriate for his level of development at the moment, and that with additional maturation, he would accomplish all of his goals and objectives by the end of the school year. The developmentally-delayed students were showing some progress but not to the degree that their teachers felt they were capable of in a smaller class. See table V.

Table V

Educational Plans - Goals and Objectives

School 5

Student	Objectives	Criterion	Level of Achievement	
1	10	90%	10 X A	
2	15	90%	15 X A	
3	8	90%	8 X A	
4	28	90%	20 X A	8 X PA

School 6

Student	Objectives	Criterion	Level of Achievement	
1	7	90%	7 X A	
2	37	90%	2 X A	35 X PA
3	37	90%	24 X A	13 X PA
4	5	90%	5 X A	
5	17	90%	12 X A	5 X PA
6	23	90%	19 X A	4 X PA
7	8	90%	8 X A	

Key to achievement
A=achievement appropriate for mastery by June
PA=Has made some progress but not to the degree expected

Discussion

Holistically, from the perspective of the inclusion staff and parents, this was a successful program that met the needs of the language-learning-disabled students in the classroom. It was successful because lessons were well planned by a compatible staff who enjoyed sharing knowledge and learning from each other. The new literature series was easily adapted or supplemented to provide a different format or method of presentation for groups of students who needed it. By using small group exercises, students on educational plans as well as any students who were struggling received the individualized help they needed. Because learning experiences were connected, there was no problem with skills taught in the resource room generalizing to the classroom.

According to Roller et al. (1992), and in agreement with the writer's findings for her program, the results of a full inclusion program were that language-learning-disabled student's achievement increased along with social and pragmatic language skills. Also in

agreement with Roller's findings, although some of the students had reading and writing skills that were lower than their typical peers, with the adapted curriculum and peer pressure they made better than expected gains using the inclusion model.

Evaluations requested by parents and staff did not reflect concern regarding the progress of children in the inclusion program. To the contrary, interviews with those requesting the evaluations revealed that parents simply wanted documentation of learning disabilities, and teachers wanted to assess learning styles and use results to facilitate curriculum modifications.

Report-card grades did not turn out to be the best basis for comparison between language-learning-disabled students due to a number of gray areas inherent in the marking system. Although it was appropriate to evaluate first-grade students individually, the reality was that they were graded comparatively with their peers. When students were below the class norm, they were given "N" for needs time for further development versus a grade which reflected progress from a developmental perspective.

Although the program did not meet the projected criterion for reducing the number of testing referrals in

one of the inclusion classes, report card grades were lower than expected, and the exact criterion on educational plans was not met; these outcomes reflected more on the writer's inexperience setting appropriate criterion for a successful inclusion program than on the merits of the program. According to Moore-Brown (1991), when developing new programs it takes 3-5 years to work things out, giving this writer a chance to learn and grow from her first experience writing criterion for a successful inclusion program.

Unanticipated outcomes of this program were administrators providing teachers with grant money to pay them to do their planning after school, the enrollment of four developmentally-delayed students in one of the inclusion classes, and being required to give additional pull-out therapy to one student.

It was the consensus of those teachers in the program, in accordance with Archilles, Yates, and McCormack (1991), that planning time and administrative support were the most essential parts of the program. This was especially true for planning time the first year when everyone was starting from scratch. In the writer's school system, teachers had so many after-school responsibilities that

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the hardest part of the program was getting together to modify curriculum, discuss small group activities, and plan co-teaching strategies. It is important for administrators to realize that inclusion requires more staff than pull-out therapy and is not the panacea for reducing ballooning special-education budgets.

The last-minute addition of four developmentally-delayed students to the larger of the two classes made implementing the pilot program in that school more difficult. Although this class was the least-restrictive environment for these students, it was far from the most facilitative environment to meet their needs. According to Shanker (1994), president of the American Federation of Teachers, selecting the least restrictive placement for children with special needs should be done on a case-by-case basis. He feels strongly that inappropriate inclusion is as devastating to the special needs students as it is to other kids in their class.

In summary, although the program did not meet the projected criterion established by the writer for a successful program, from a holistic perspective it was successful for meeting the academic needs of language-

learning-disabled students in the regular-education classroom. Educational experiences were richer and more connected with developmentally appropriate growth in reading and writing as well as substantial improvement in social and pragmatic language skills. Staff members also demonstrated professional growth by learning valuable teaching strategies from each other.

Recommendations

This writer has the following recommendations she wishes to share with the reader:

First, an inclusion model requires initial training, extra planning time, and a low teacher/student ratio. If these prerequisites are not met, having additional children in a class who are not receiving the appropriate help may be less facilitative than a pullout program.

Secondly, it is very important for the inclusion staff to invite the parents of all special-education students to workshops to help them understand the pros and cons of inclusion with recommendations for matching learning styles with a variety of programming options.

Thirdly, in education "one size does not fit all" and with the Department of Education in the writer's state mandating inclusion programs with no additional funding for appropriate staffing levels, educators must speak out before under-funded inclusion programs become a misguided panacea for reducing special-education costs.

Dissemination

This practicum was shared with special-education administrators, special-education teachers, and regular education teachers who expressed interest in the results of this pilot program.

Reference List

Archiles, J., Yates, R., & Mc Cormack, F. (1991). Perspectives from the field: Collaborative consultation in the speech and language program of Dallas independent school district. Language, Speech, and Hearing Services in Schools, 22 (3), 154-155.

Connell, P., (1987). An effect of modeling and imitation teaching procedures on children with and without specific language impairment. Journal of Speech and Hearing Research, 30 (1), 103-113.

Conner, T. & Welsh, R. (1993). Educational settings. American Speech-Language Association, June-July, 35-36.

Ferguson, M. (1991). Collaborative/consultation service delivery: An introduction. Language, Speech, and Hearing Services in Schools, 22 (3), 147.

Ferguson, M. (1992). The transition to collaborative teaching. Language, Speech, and Hearing Services in Schools, 23 (4), 371-372.

Gurainick, M. & Weinhouse, E. (1984). Peer related social interactions of developmentally delayed children: Development and characterstics. Developmental Psychology, 20, 815-827.

Hadley, P. & Rice, M. (1991). Conversational responsiveness of speech and language-impaired preschoolers. Journal of Speech and Hearing Research, 34 (6), 1308-1315.

Magnotta, D. (1991). Looking beyond tradition. Language Speech, and Hearing Services in Schools, 22 (3), 150-151.

Moore-Brown, B. (1991). Moving in the direction of change: Thoughts for administrators and speech-language pathologists. Language, Speech, and Hearing Services in Schools, 22 (3), 148-149.

Mudd, J. M., & Wolery, M. C. (1987). Training head start teachers to use incidental teaching. Journal of the Division for Early Childhood, 11 (2), 124-134.

Norris, J. A. (1989). Providing language remediation in the classroom: An integrated language-to-reading intervention method. Language, Speech, and Hearing Services in Schools, 20, 205-218.

Olswang, L. B., & Bain, A. B. (1991). Clinical forum: Treatment efficacy when to recommend intervention. Language, Speech, and Hearing Services in Schools, 22, 255-263.

Rice, M. L., Sell, M. A., Hadley, P. A. , (1991). Social interaction of speech and language-impaired children. Journal of Speech and Hearing Research, 34 (6), 1299-1307.

Roller, E., Rodriquez, T., Warner J., & Lindahl, P. (1992). Clinical Forum: Implementing collaborative consultation integration of self-contained children with severe speech-language needs into the regular education classroom. Language, Speech, and Hearing Services. in Schools, 23(4), 365-366.

Russell, S. C., & Kaderavek (1993). Alternative models for collaboration, Language Speech and Hearing Services in Schools, 24 (2), 76-78.

Secada, W. G. (1983). The educational background of limited English proficient students; Implications for the arithmetic classroom. Bilingual Education Service Center, Arlington Heights, Ill..

Shanker, R. (1994, March). Problematic placements. The New York Times, P7.

Wadle, S. (1991). Why speech-language clinicians should be in the classroom. Language, Speech and Hearing Services in Schools, 22 (4), 277.

Wilcox, M. (1991). Early language intervention: A comparison of classroom and individual treatment. American Journal of Speech-Language Pathology 1, 49-62.

APPENDIX A

NEEDS QUESTIONNAIRE

NEEDS QUESTIONNAIRE

1. Have you experienced much of a change in your class size/case load over the past 5 years?

2. If you are servicing more students, what impact does this have on you as the teacher and on your students?

3. Do you feel that the school curriculum is appropriate for all of your students?

4. Are there environmental factors that are affecting the quality of your students' work?

5. Do you see an increase in the number of disadvantaged children attending school in this city?

6. Have you seen any changes in the social or emotional needs of your students over the past 5 years?

7. How would you describe the receptive and expressive language skills of the children in your class/case load?

8. If you have noticed additional problems in any of the above-mentioned areas, what do you attribute these problems to?

APPENDIX B

PROGRESS QUESTIONNAIRE

PROGRESS QUESTIONNAIRE

1. Is the regular-education curriculum with in-class modifications appropriate for children with language-learning disabilities?

2. Do you feel that the passing grades received by language-learning disabled students in this program after curriculum modifications represent equivalent learning?

3. Do you think that the language-learning disabled students would have done better in a traditional pull-out program?

4. Do you feel that the co-taught inclusion program was beneficial for average to high-achieving students?

5. Do you feel that the program allowed low-achieving students not on educational plans to avoid failure?

6. Do you as a regular-education/special-education teacher feel that you have learned new teaching skills and strategies from your teaching partner that will benefit you and your students?

7. Do you wish to continue this program next year?